



Hamilton

Public Health Sub-Committee Orientation
Session 2
Part 1

January 13, 2025

Orientation Overview

Session 1

December 2, 2024

- Overview of Public Health Sub-Committee orientation
- Good governance education session (Karima Kanani)
- Public health in Hamilton – Part 1:
 - History & fundamentals
 - 2024 priorities

Session 2

January 13, 2025

- Overview of public health in Ontario (Loretta Ryan & Monika Turner)
- Public health in Hamilton – Part 2: Programs & Services

Session 3

February 24, 2025

- 2025 Annual Service Plan & Budget
 - Community health status
 - Renewed priorities and action plans
 - Financial information

Session 4

March 17, 2025

- Integrating equity, diversity and inclusion into decision-making processes (Evelyn Myrie)

Notes:

- In addition, the Clerk's Office will arrange an education session with the Integrity Commissioner regarding conflicts of interest
- Following these orientation sessions, relevant ongoing education will be provided as reports are brought forward

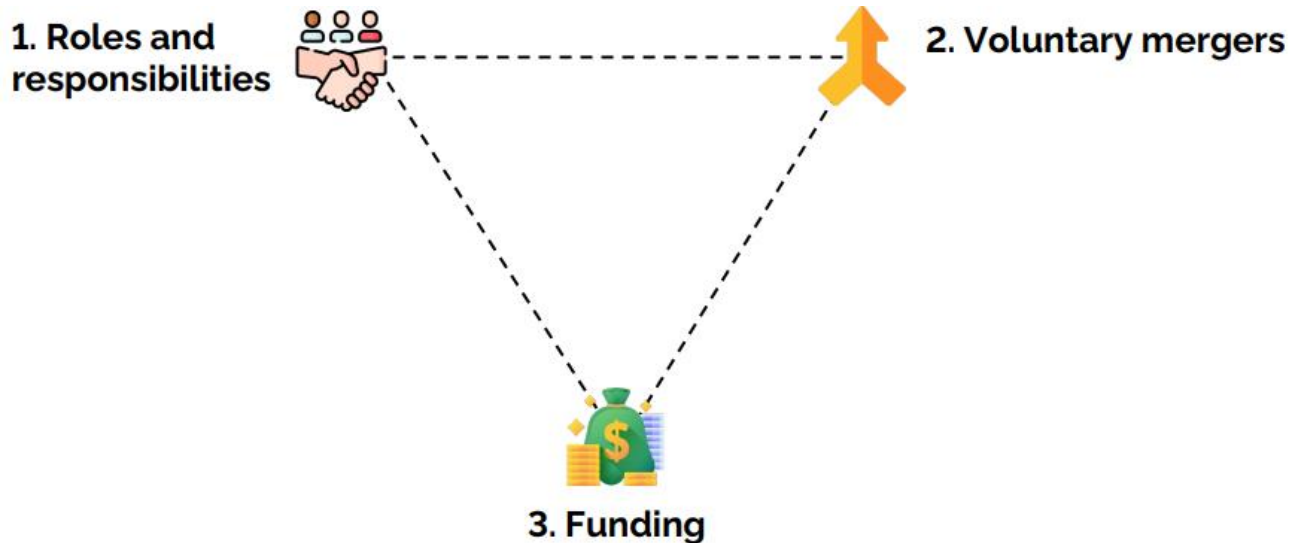
Public Health Governance Update

- On December 2, 2024, the ***More Convenient Care Act, 2024***, was introduced in the legislature.
- The proposed Act included the required legislative amendments to **reform Hamilton's board of health to a semi-autonomous governance structure.**
- The proposed Act will make its way through the legislative process and has been posted to the regulatory registry for comment.

Public Health Funding

- Most programs are cost-shared, with the Province providing an annual grant. Current funding ratio for Ontario Public Health Standards programs is:
 - 69% Provincial funding
 - 31% Municipal funding
- Remainder of programs are 100% funded from municipal levy/fees or provincial or federal granting arrangements
 - e.g. Healthy Babies Healthy Children; Alcohol, Drug & Gambling Services; Child & Adolescent Services

Provincial *Strengthening Public Health* Strategy



- Restoring provincial base funding under 2020 cost-share formula
- Introducing annual 1% growth in base funding increase until 2026
- Establishing a dedicated three-year merger support fund
- Reviewing base funding methodology for public health

Public Health Governance



Loretta Ryan, Chief Executive Officer, alPHa

Monika Turner, Principal, Roving Capacity

Monday, January 13, 2025

Session Introduction

- What is Public Health
- Public Health Legislation in Ontario
- Ontario Public Health Standards
- Ontario Public Health Standards Accountability Framework
- Board of Health Roles and Responsibilities
- Board of Health Structures
- Ministry of Health
- Public Health Funding
- aPHa Leadership and Services
- Questions and Answers

What is Public Health?

Art and science of protecting and improving the health and well-being of people in the community

- Focus on social determinants of health
- World Health Organization definition
- Is preventive and aims to work as upstream as possible.

Population health focus

- On the health of the entire population or segments of it, such as high-risk groups/priority populations in the community

Ethical orientation

- Population vs. individual focus
- Public health is focused on population health rather than the individual patient focus of health care system (acute care)

Public Health System in Canada

Provinces and territories have the mandate to protect the health of population and deliver public health services.

Federal:

- Public Health Agency of Canada
- First Nations-Inuit Health Branch, Health Canada
- *Canada Health Act*

Provincial:

- Ministry of Health, Chief Medical Officer of Health, Public Health Ontario

Local:

- Local Public Health Agencies - public health units

Public Health Legislation

- ***Health Protection and Promotion Act***
 - Provide for the organization + delivery of public health programs + services
 - Prevention of spread of disease; health promotion + protection
- ***Municipal Act***
 - Local Board defined
 - Meetings and Closed Meeting Provisions
- ***Municipal Freedom of Information + Protection of Privacy (MFIPPA)***
- ***Personal Health Information + Privacy Protection Act (PHIPPA)***
 - Retention of records
 - Protection + treatment of personal health data

HPPA Sections

Part II

Health Programs and Services

- s.5 sets out specific areas that must be provided by Boards of Health
- s.7 grants authority to the Minister to “publish public health standards for the provision of mandatory health programs + services”. (i.e. Ontario Public Health Standards) Boards of Health must comply with them.

Part III

Community Health Protection

- public health inspectors’ duties and enforcement

Part IV

Communicable Diseases

Part VI

Health Units and Boards of Health

- composition, operation + authority of Boards of Health
- Medical Officer of Health appointment
- funding by obligated municipalities

Part VI.1

Provincial Public Health Powers

- most recent section. Put in after SARS - useful in COVID-19 pandemic

Part VII

Administration

- protects individuals doing duties in good faith from personal liability



Ontario Public Health Standards

Foundation Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

Accountability Framework

The Public Health Accountability establishes the accountability relationship between Boards of Health and the Ministry.

Boards of Health reporting requirements in the four domains of:

- Delivery of Programs and Services
- Fiduciary Requirements
- Good Governance and Management Practices
- Public Health Practice

Accountability Framework Cont'd

Board of Health requirements include:

- Submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.
- Submit action plans as requested to address any compliance or performance issues.
- Submit all reports as requested by the ministry.
- Have a formal risk management framework in place that identifies, assesses, and addresses risks.
- Produce an annual financial and performance report to the general public.
- Comply with all legal and statutory requirements.

Public Health Governance

Roles and Responsibilities

The Board of Health, acting in its governance role, sets the desired goals for an organization and establishes the systems and processes to support achievement of those goals.

Key Responsibilities include:

- Establish general policies and procedures which govern the operation of the health unit
- Uphold provincial legislation governing the mandate of the Board of Health under the *Health Protection and Promotion Act* and other legislation
- Accountable to the community for ensuring that its health needs are addressed by the appropriate programs and ensuring that the health unit is well managed
- Ensure program quality and effectiveness and financial viability
- Hire the Medical Officer of Health with approval of the Minister of Health

Public Health Governance Roles and Responsibilities

Critical elements of an effective health unit governance policy framework include:

- Principles of Governance and Board accountabilities;
- A statement of the Board's obligations to act in the best interest of the health unit;
- Roles and responsibilities of the Board of Directors;
- Roles and responsibilities of individual Directors;
- Clear differentiation between governance and management;
- Board focused on strategic leadership and direction;
- Board establishes policies, makes decisions and monitors performance of the organization's business and its own effectiveness.

Board of Health Members

Elected Officials

- Juggling many hats - which one to wear when?
- Fiduciary responsibility to the board you are on
- Duty to the Board of Health
- Tension in system given cost-shared programs

Citizen representatives:

- Appointed by municipality (often in autonomous/integrated municipalities)

Provincial appointees under Order in Council

- Provincial process in s.49 of *Health Protection and Promotion Act*
- Current challenges

Board of Health Structures

Autonomous

- Separate from a municipality
- Multiple obligated municipalities on Board of Health
- May have provincial appointees and/or citizen representatives
- Autonomous/integrated boards in Chatham-Kent

Semi-Autonomous/Single Tier

- Municipal council serves as the Board of Health and staff within municipal structure
- Semi-autonomous occurs where council appoints members to a separate board but retains authority for budget and staffing approvals

Regional

- Regional council is the Board of Health with no citizen reps or provincial appointees
- Staff within administration of regional government

Ministry of Health

Minister:

- Lead Cabinet Minister for all provincial health matters including public health
- Has the *Health Protection and Promotion Act* authority to publish Ontario Public Health Standards, make regulations, make Medical Officer of Health/Associate Medical Officer of Health appointments, provincial funding, and conduct Public Health Unit assessments

Chief Medical Officer of Health: (CMOH)

- Chief Medical Officer of Health provides public health advice within and beyond provincial government and provides public health advice and direction to Boards of Health, Medical Officers of Health and to the public
- Appointed by Ontario Legislature and is an Assistant Deputy Minister in the Ministry of Health
- Has specific powers under *Health Protection and Promotion Act* if of opinion that there is a risk to health

Public Health Division:

- Division of Ministry of Health that oversees, manages + works with local Public Health Units
- 5 branches that report to an Executive Lead who reports to Chief Medical Officer of Health

Public Health Funding

- Brief history of public health funding in Ontario
- Current funding model and challenges
 - August 2023 announcement of going back to 75/25 model (previous to 2020) with all former 100% provincial programs still in for 2024
 - 1% growth funding over next 3 calendar years as of 2024
 - Dedicated 3-year merger support fund – commitment to pay 100% of associated transition costs

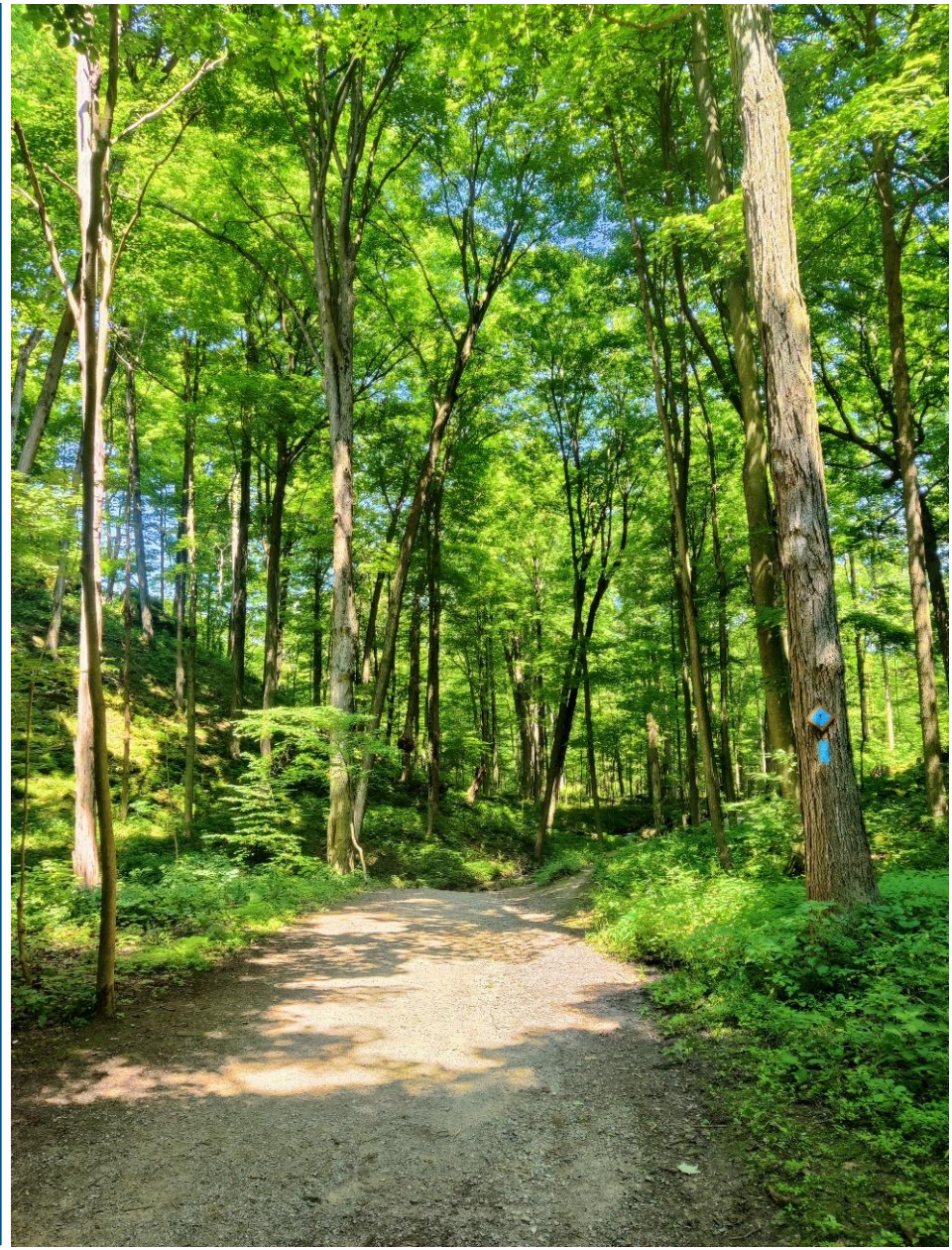
Public Health Funding Cont'd

- *Health Protection and Promotion Act* provisions
 - s. 72 the obligated municipalities **shall** pay
 - The expenses of Board of Health in performance of its function + duties under *Health Protection and Promotion Act* + other legislation
 - The expenses of Medical Officer of Health in performance of their functions under *Health Protection and Promotion Act* + other legislation
 - s. 76 the Minister **may** make grants for the purposes of this *Act* on such conditions as he or she considers appropriate

Question + Answer Session



Public Health in Hamilton –
Part 2:
Introduction to
Programs
& Services



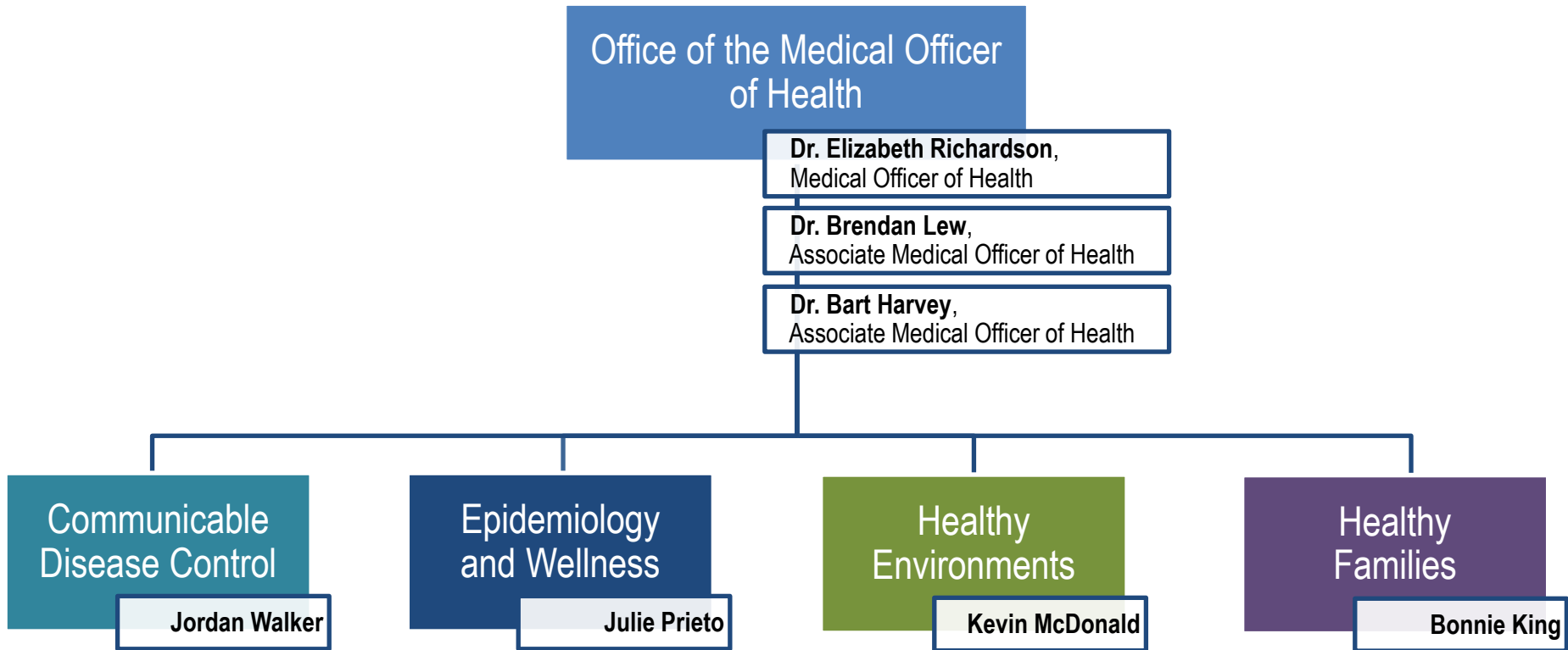
Upcoming Reports Related to the Provincial Accountability Framework

Report	Meeting Date
2025 Annual Service Plan & Budget	February 24, 2025
2024 Annual Performance & Accountability Report	Q2 2025
2025 Organizational Risk Management Plan	Q3 2025

Current Context: **Local Pressures & Opportunities**

- Broad mandate with limited / finite resources
- Increased complexity and acuity of health issues
- Increased demand for public health services
- Continued need for increased workforce flexibility

Public Health Services Organizational Structure



Communicable Disease Control Division

Community Vaccination & School Clinics

Emergency Response

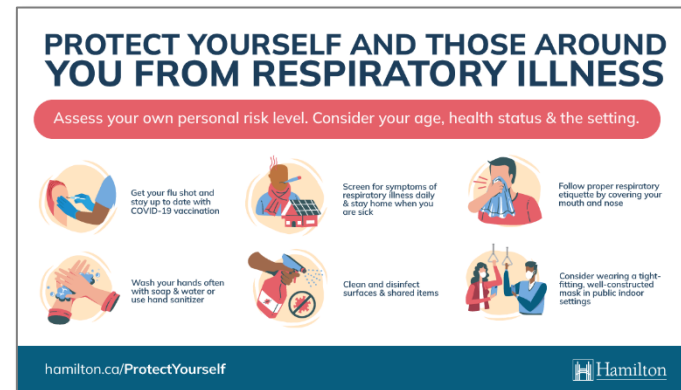
Infection Prevention & Control and Outbreak Management

Infectious Disease

Vaccine Inventory Management

Divisional Goals

- Reduce the burden of:
 - **Communicable and infectious diseases** of public health significance
 - **Vaccine preventable diseases** through the promotion and administration of immunization and enforcement of the *Immunization of School Pupils Act*
- Manage inventory and distribution of publicly funded vaccines to health care providers.
- Prepare for, respond to, and recover from emergencies with public health impacts.



Communicable Disease Control Division



An example of outbreak management:

- A Public Health Nurse received a call to report a confirmed measles case
- A.J. (4-year-old) attended a birthday party with over 40 people, including several vulnerable children and adults
- The response was quickly mobilized, and additional Public Health Nurses were deployed from other programs to provide support
- The Vaccine Program organized a measles post-exposure prophylaxis clinic
- The same day as the case was confirmed, two Public Health Nurses administered nine vaccines to susceptible individuals
- **This swift response ensured no further measles cases related to this exposure were reported in Hamilton**

Epidemiology & Wellness Division

Alcohol, Drugs & Gambling Services & Mental Health Street Outreach

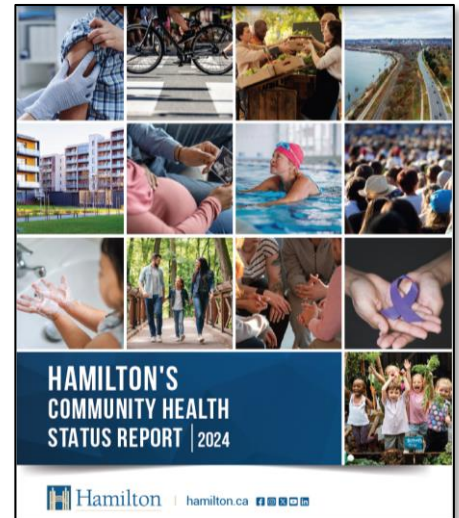
Data Management

Epidemiology & Evaluation

Mental Well-Being & Substance Use

Divisional Goals

- Focus on mental well-being, substance use prevention, harm reduction initiatives, and outreach and addiction services for vulnerable populations
- Provide data, surveillance, and population health information to ensure programs are evidence-based and responsive to local needs
- Support business operations and service delivery in compliance with legislative privacy, security and records and information management requirements



Epidemiology & Wellness Division



An example of addressing complex needs of unhoused residents:

- AK, a 65-year-old newcomer connected with the Mental Health and Street Outreach Program for support with housing
- He was feeling isolated, so he started going to the casino to be around people and developed a gambling addiction.
- An Outreach Worker connected him to housing and settlement support
- A Public Health Nurse connected him to recreation programs, seniors social programming, and a family doctor.
- AK received support for his gambling addiction through Public Health Services' Alcohol, Drug & Gambling Services
- **By building trust over time, Public Health Services was able to connect AK with multiple services to address and overcome the complex challenges he was facing**

Healthy Environments Division

Chronic Disease
Prevention

Food & Water Safety

Health Hazards &
Vector Borne Diseases

Tobacco Control

Divisional Goals

- Reduce the burden of chronic diseases of public health importance
- Promote the development of healthy built and natural environments and mitigate the impacts of climate change on human health
- Reduce human exposure to health hazards and vector-borne diseases
- Prevent and reduce the burden of food-borne and water-borne illnesses



Healthy Environments Division



An example of creating healthy, safe environments for children:

- Ward 1 school identified safety issues for children at school drop off due to unsafe driving behaviours
- Public Health Services led a School Street Feasibility Study, opening the roadway in front of the school to pedestrians and closing it to vehicles during drop-off times
- The study resulted in decreased traffic, increased perceived safety and potentially increased active travel to school
- This led to an opportunity for long-term implementation and scale up to other parts of Hamilton, in partnership with other City departments
- **Giving space back to children and their families is a key step in increasing the health, well-being, and safety of our community**

Healthy Families Division

Child & Adolescent
Services

Dental & Vision
Screening

Healthy Growth &
Development

Health Promotion

Planning & Competency
Development

School Program

Divisional Goals

- Support Hamiltonians in achieving optimal growth and development through preconception, pregnancy, newborn, child, youth, adult, senior, parental, and family health
- Support public health programs to meet the needs of priority populations and decrease inequities while enhancing the effectiveness and impact of Public Health Services
- Support a consistent high standard of nursing practice across Public Health Services



Healthy Families Division



An example of supporting families as they grow:

- A first-time mother called Health Connections seeking parenting support and information for 6-month-old baby
- A Public Health Nurse connected her to long-term home visiting and Coordinated Supports for Families, and referred her for the Child Care Subsidy and Recreation Assistance Program
- Once child entered school, a Registered Dental Hygienist identified an urgent dental need – the family was aware of the issue but unable to pay for dental care
- The child was enrolled in the Healthy Smiles Ontario program to fix the dental issue at no cost
- As a teenager, Sophie received support from Public Health Services' walk-in mental health clinic to cope with anxiety
- **Public Health Services provided support to address opportunities to improve the health and wellbeing of this child in the crucial early years of life**

Orientation: Next Steps

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